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FACSIMILE TRANSMISSION COVER SHEET

Date: August 28, 2009

To: United States Patent and Trademark Office
Examiner: Riyami, Abdulla A.; Art Unit: 2609

Fax: (571) 273-8300

Re: **Application Serial No.: 10/806,800**
Filing Date: 3/23/2004; First-Named Inventor: Fayad
Attorney Docket No.: 01CON247P-CON

From: Farjami & Farjami LLP

Number of pages including the cover sheet: 17

Message:

Enclosed please find the Response to Non-Final Office Action dated June 22, 2009.

Thank you.

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Attorney Docket No.: 01CON247P-CON

AMENDMENT COVER SHEETIN RE APPLICATION OF: Fayad, et al.SERIAL NO.: 10/806,800 FILED: 3/23/2004FOR: Methods and Apparatus for Data Communications through Packet NetworksHONORABLE COMMISSIONER FOR PATENTS
P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

- ☒ No additional fee is required.
- ☐ The fee has been calculated as shown below:

☐ EXTENSION FEE

	RATE Non-Small Entity	RATE Small-Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	130.00	65.00	\$
SECOND MONTH AFTER TIME PERIOD SET	490.00	245.00	\$
THIRD MONTH AFTER TIME PERIOD SET	1,110.00	555.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,730.00	865.00	\$

- ☐ TOTAL EXTENSION FEE \$ 00.00
- ☐ FEE FOR EXTRA CLAIMS added by Amendment in this response:

	Column 1	Column 2	Column 3			
	Number of Claims after Amendment	Number Previously Paid for	Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	18	MINUS ** 20	* = 0	x 52	x 26	\$
INDEPENDENT	2	MINUS ** 3	* = 0	x 220	x 110	\$
First presentation of multiple dependent claim				+ 390	+ 195	\$

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

- * If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.
- ** If the number of Total Claims previously paid for is less than 20, write "20" in this space.
- *** If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

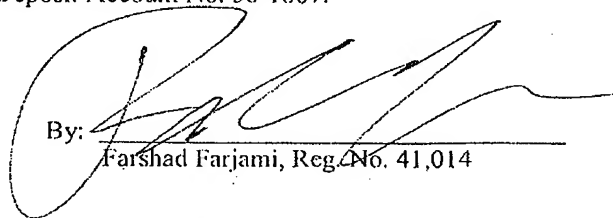
Attorney Docket No.: 01CON247P-CON

- ☐ Total fee for Supplemental Information Disclosure Statement \$
- ☐ Enclosed is the total fee of \$ 00.00 (Payment by Credit Card, Form PTO-2038 Enclosed).
- ☐ Please charge Deposit Account No. 50-1867 in the amount of \$
- ☒ The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-1867.

Date:

8/28/09

By:



Farshad Farjami, Reg. No. 41,014

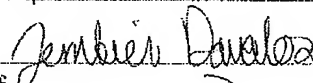
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